

	<b>STATE BOARD OF PHARMACY</b> 800 SW Jackson, Suite 1414 Topeka, Kansas 66612-1244 www.pharmacy.ks.gov (785)296-4056	<b>REGISTRATION APPLICATION:</b> <b>Original Wall License –</b> <b>Pharmacist Only</b> <b>Form LA-100</b>
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<b>INSTRUCTIONS</b>
All forms must be typed, be complete, and include all supporting documentation before they will be processed by staff.  Wall certificates are printed, signed and mailed on a quarterly basis, usually around January, April, July and October each year.

<b>FEES</b>
Enclose a check or money order payable to the Kansas State Board of Pharmacy for \$10.00. Fees are nonrefundable.

### LICENSE INFORMATION

First Name	Middle Name	Last Name	
Kansas License Number (if known)			
Address			
City	State	Zip	County
Home Phone	Cell Phone		Email
Name as you would like it printed on your certificate:			

### APPLICANT CERTIFICATION

*I declare under penalty of perjury under the laws of the State of Kansas that the information provided is true, correct, and complete to the best of my knowledge.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED

Initials: _____	<b>OFFICE USE ONLY</b>		
Certificate #: _____	License Date: _____	Exam or Reciprocity	